

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/937579

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/	/					52						
3	/						53						
4		/					54						
5		0					55						
6		0					56						
7		0					57						
8		0					58						
9			/				59						
10			/	/			60						
11			/				61						
12				/			62						
13				/			63						
14				/			64						
15				/			65						
16				/			66						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	6	↓	6	↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	8		8				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS